

Attach a clear, full-face photograph (2"x 2") of your head and shoulders, taken within the past six months. A photo is required with each application. (Do not use staples to attach the photo.)



State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS
124 HALSEY STREET, 6TH FLOOR, P.O. BOX 45006
NEWARK, NEW JERSEY 07101
(973) 504-6410

For Office Use Only	
Approved for Examination	
By _____	
Date _____	
Rejected	
By _____	
Date _____	
Reason: _____	

Date of photograph

Application date

Month Day Year

Application for Examination

Month Day Year

Please supply an address for each category below and indicate (by placing an "X" in the appropriate box) which of these should be listed as your address of record. If your mailing address is a post office box, you may choose to have correspondence directed to you there but you may not use a post office box as your address of record. Your address of record must include a street address, city, state and ZIP code. **Note:** Your address of record is considered public information. It will be posted as part of the Online Licensee Directories at <http://www.state.nj.us/lps/ca/director.htm>. If you fail to designate an address of record, your home address will be considered your address of record.

Please print or type.

Personal Information

Last name

First name

Middle initial

Maiden name (if applicable)

☐ **Home Address**

Street

City

State

ZIP code

County

Telephone number (include area code)

E-mail address

☐ **Business Address**

Name of company

Telephone number (include area code)

Street

City

State

ZIP code

County

☐ **Mailing Address**

Street or P.O. Box

City

State

ZIP code

County

Please indicate the address to which correspondence should be directed:

☐ Home

☐ Business

☐ Mailing

Please remember that if your mailing address is a post office box, it may not be used as your address of record. Your address of record must include a street address, city, state and ZIP code.

1. Date of birth: _____ Place of birth: _____
Month Day Year C ity State

-

- a. Do you have a bachelor's degree in electrical engineering or technology? ☐ Yes ☐ No
(Please be aware of the fact that a bachelor's degree can be used to fulfill three years of the five-year experience requirement needed to be certified as an electrical contractor in New Jersey. The remaining two years' experience must be of a hands-on nature.) (You must submit a copy of your diploma with this application.)

- c. Have you attended a technical trade school or an approved apprenticeship course? ☐ Yes ☐ No
- If "Yes," please provide the name of the technical trade school or approved apprenticeship course. _____
- How many hours per week did you attend the technical trade school or approved apprenticeship course? _____

- You must submit a copy of each Certificate of Completion you earned.

- | Dates
Month/Year
to
Month/Year | Give a detailed account of your experience in electrical construction and installation, giving dates, employer(s) and your duties for a minimum of the past five years. (Please attach the completed Work Experience Certification for each employer.) (Use additional paper if necessary.) | |
|---|---|--------|
| | Employer | Duties |
| | | |

5. **Application Fee**
The application fee of \$100.00 must accompany this form. Only certified checks or money orders, payable to the State of New Jersey, will be accepted. **(The application fee is not refundable.)**

6. Child Support Questions

Please certify, under penalty of perjury, the following:

- | | | | |
|----|--|------------------------------|-----------------------------|
| 1. | Do you currently have a child-support obligation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. | If “Yes,” are you in arrears in payment of said obligation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. | If “Yes,” does the arrearage match or exceed the total amount payable for the past six months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Have you failed to provide any court-ordered health insurance coverage during the past six months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Are you the subject of a child-support-related arrest warrant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

In accordance with N.J.S.A. 2A:17-56.44d, an answer of “Yes” to any of the questions numbered 1a through 4 will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

Applicant's name (please print)

Applicant's signature

Date _____

***Social Security Number:** _____ - _____ - _____

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or license renewal.

*Pursuant to N.J.S.A. 2A:17-56.44 of the New Jersey child support enforcement law, N.J.S.A 54:50-25 of the New Jersey taxation law and Section 1128 E(b)(2)A of the Social Security Act, the Board or licensing agency to which this form is submitted is required to obtain your Social Security number. If you do not have a Social Security number, the Board must ascertain the reason that you do not have one. The Board is further obligated to provide your Social Security number to the Director of Taxation, the Probation Division or other agency responsible for child support enforcement and the HIP Data Bank when reporting adverse actions.

You are also being asked to consent, on a voluntary basis, to the use of your Social Security number for the additional reasons stated below.

You are notified that under the Federal Privacy Act (5 U.S.C. Section 552a (note (b))), the Board or licensing agency to which this form is submitted is requesting the voluntary disclosure of your Social Security number. If you give your consent for the use of your Social Security number, it may be used: to verify the identity of an applicant, to aid in the collection of financial obligations due and owing the Board or any other state agency, and to aid in the disclosure to state or federal law enforcement and licensing officials and agencies of information obtained in investigations pertaining to licensure and disciplinary proceedings.

I, _____, ☐ Consent ☐ Do Not Consent
Applicant's signature

to the use of my Social Security number for any of the additional purposes set forth above. I understand that my consent is voluntary and that if I do not consent, no adverse action or inference will be taken or drawn.

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____ } ss.
County of: _____

I, _____, in making this application to the Board of Examiners of Electrical Contractors for certification or licensure under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Board of Examiners of Electrical Contractors, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:5A-1 et seq., together with the Rules and Regulations of the Board of Examiners of Electrical Contractors, N.J.A.C. 13:31-1.1 et seq., and fully understand that in receiving certification or licensure from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here